# STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH AIDS and Chronic Diseases Section

# GUIDELINES For DRUG TREATMENT ADVOCACY 2008

#### Introduction

Drug Treatment Advocacy is a critical component of the State of Connecticut's Prevention Services of those living with and affected by HIV / AIDS. Established in the 1990's, the overarching goal of Drug Treatment Advocacy is to help individual clients achieve a platform from which they can launch their recovery. To achieve that goal, Drug Treatment Advocacy is designed to help Connecticut residents enter drug treatment facilities that will help them recover and reduce their risk of HIV infection and the risk to partners, and ultimately establish long-term recovery. Presently there are nine Drug Treatment Advocate (DTA) programs that will work with Connecticut residents who suffer from substance abuse disorders. The stated mission of DTA is as follows:

# Statement of Mission

The mission of Drug Treatment Advocacy is to prevent the spread of the HIV/AIDS virus through intervention and facilitation of clients into drug treatment programs that lead to recovery.

There are three guiding principles implicit to the mission of Drug Treatment Advocacy, these are:

- 1- That client can confide in the DTA within a nonjudgmental environment.
- 2- That confidentiality of clients is critical to effective intervention.
- 3- That DTAs hold a strong commitment to a client-centered approach that incorporates client's input.

The guidelines for best practices delineated in this manual are based on knowledge regarding substance abuse and its risk to health and welfare. It is also developed with the extensive input of the DTAs whose intensive front-line experiences have shaped Connecticut's Drug Treatment Advocacy program. To reflect the implicit and explicit messages of the mission statement and the guiding principles, this guideline is built upon a set of objectives critical to the Drug Treatment Advocacy program. These are:

- To educate clients about the effects and risks of substance use.
- To reduce the risk of HIV/AIDS infection from illicit and intravenous drug use.
- To increase the motivational level of clients to seek treatment by meeting their basic needs.
- To help clients eliminate health, social, and psychological barriers to treatment.
- To create a referral system for clients to various agencies for medical and behavioral services; educational support for General Education Development (GED), English as a second language (ESL), and other educational advancements that lead to independence; job training and employment services; housing support; legal services; and other essential services that can lead to long-term recovery.

### **Eligibility**

The DTA program is primarily designed to reach <u>all</u> Connecticut residents 18 years and older who are at risk for HIV. It is primarily targeted to those individuals who are using or addicted to substances that put them at risk for HIV/AIDS infection. Services are provided to all residents regardless of whether they have health insurance or not. Drug Treatment Advocacy also serves documented or undocumented citizens.

In addition to these eligibility standards, DTAs will work with clients to ensure that they meet eligibility standards for substance use treatment programs, primary care services, and support services such as housing, behavioral health services, and employment services.

#### **Outreach and Recruitment**

The success of DTA is dependent on community-based outreach and recruitment that contains multifaceted approaches. Guidelines for outreach and recruitment include the following:

- **Start where the client is:** Not all clients are ready for treatment.
- **Meet all clients where they are.** Clients using and abusing substances are often in shelters, prisons, and other institutions, as well as living in homeless circumstances.
- **Be proactive and creative**. Motivating clients to seek drug treatment requires DTAs to be visible, trusting, culturally competent, and sensitive to the many competing issues affecting client motivation to seek treatment.
- **Be visible in the community**. DTAs who are visible in the community and who have built a reputation for trust, cultural competence, and who are nonjudgmental are quickly known in neighborhoods. Through word-of-mouth, community residents are quick to learn of the reputation of DTAs who have good referral information, can be trusted, and are ready to provide support that motivate clients and the families helping clients to seek treatment.
- Motivate clients to seek treatment. DTAs should help clients address crises that may impede
  admission to drug treatment programs. There are a number of studies that point to the cultural, social,
  legal, and psychological barriers to treatment for at-risk clients. By building trust and visibility within
  high-risk neighborhoods and at risk clients' individuals can be motivated to seek drug treatment
  services.
- Establish strong community partnerships. Most substance using clients need a host of support services. Issues such as primary care, behavioral health care, legal support, housing support, employment training and job placement referrals to agencies with these expertise, play an important role in the future sustainability of clients and in the goal of reducing risks to HIV / AIDS.

#### **DTA Case Management**

DTA case management begins at the earliest point in a client's recovery process using a standardized initial intake and assessment form. Once intake and assessment have established the client's treatment and services needs, DTA is designed to work with clients to develop a recovery plan that incorporates both short-term and

*long-term goals*. Both the client and the DTA should sign the plan. In addition, every DTA case management session should include discussion of progress based on the recovery plan.

At a minimum, every DTA case management session must document the following:

- Client's clinical treatment or primary care progress. Because clients with substance use issues face a
  number of health and social services needs it is critical that DTAs document all relevant information.
  Community partners providing support can operate more effectively for clients when records are
  complete.
- Client's progress toward achieving short and long term goals. Because the first critical step toward sobriety is to set and ultimately achieve reasonable goals, the DTA should use the setting and reviewing of the client's goals as away to motivate and encourage maintenance and sustainability in substance treatment services.
- All referrals for treatment, medical, social and other services. Because there is strong evidence that clients operate on the Prochaska Model Stages of Behavior Changes that include relapse (1983), referral to community partners who can support ongoing and successful treatment efforts can be a crucial factor in relapse prevention as an integral part of successful drug treatment and ultimate reduction in HIV/AIDS risk.

Regardless of what form is used, documentation by the DTA is key to a client's ongoing success. However, because clients must demonstrate an ongoing commitment to the partnership for successful treatment, any changes in the treatment plan should be validated with the client's signature. Recognition - through a signature - of all changes in the treatment plan is a strong demonstration of the clients' commitment to move along the recovery continuum – *even if relapse has occurred*.

Case Management, by definition, includes a wide variety of services that can help clients maintain their recovery, reduce their risk to HIV infection, and establish a higher level of self-sufficiency. Among the most critical services a DTA Case Manager can provide is assisting clients with medical and social service benefits; providing referrals and guidance on legal issues such as child custody; helping clients stabilize their lives with families and friends by linking them with the child support system and with individual or family counseling services; and, by offering clients insight that help them prioritize primary care, behavioral health, and social services needs.

#### **Referral Standards**

Every DTA agency should have formal and informal agreements with a wide array of community agencies providing primary care and behavioral health services; legal services, housing support; basic education opportunities such as GED and ESL; and employment training and job placement services.

While there are no standardized client assessment forms or procedures; outreach and engagement processes should provide information that will help the DTA determine which services will enhance interest in substance abuse treatment programs. Clients who are in need of more than substance abuse treatment include:

- Clients living in shelters
- Clients who are newly released from prison and are in need of transitional support services.
- Clients with children who need support in primary care, educational support, or other child care services.

- Clients whose language skills are nominal and who are in need of basic education may need ESL and GED services.
- Clients who may need basic health screening; specific screenings for HIV, STDs, or Hepatitis; dental care; etc.
- Clients who appear to have behavioral health issues.
- Clients who are undocumented or have lost eligibility for social services.

If DTAs have gained the trust of clients and suspect that the client may have referral needs, a case manager or other professional may be brought into the engagement process to address the wide spectrum of issues serving as barriers to treatment. Both the DTA and the other case manager or professional should work jointly to provide services, referral, and follow-up management of the client. All client files should have complete documentation that at a minimum includes the following.

Client Name and ID	DTA Name	Case manager	Type of Referral	Date of Referral	Status of
		Name (or other	Services	Service	Referral
		professional)			(Follow-up)

<sup>\*</sup>Type of Referral Services:

- 1. Primary Care, including dental and screenings
- 2. Behavioral Health Care
- 3. Legal Services
- 4. Housing Support
- 5. Family Services
- 6. Employment/Job Placement
- 7. GED
- 8. ESL

#### **Follow-up Standards**

Because substance abuse treatment encompasses the need to motivate clients to sustain treatment services, follow-up is a key component of the work of DTA. Follow-up should be done in two ways:

- Collaborating with the Case Manager, DTAs should be involved in case review team to determine the ongoing status of the clients.
- Based on the progress defined in case review meetings, DTAs should attempt to conduct follow-ups on clients who may be at risk for relapse.

# **Record Keeping**

Effective reporting standards are premised on several fundamental requirements. First, confidentiality of client records must be the requirement of the Department of Public Health standards, as well as the federal requirements under HIPPA. Second, clients' records are critical for effective case reviews, ongoing referral, and follow-up. Finally, effective reporting is the cornerstone of tracking and surveillance of the progress toward recovery of clients with substance use disorders. The following standards will meet these fundamental requirements:

• Every client should be guaranteed confidentiality in compliance with state and federal requirements for confidentiality.

- All client files should include the following information complete and updated with every client interaction.
- Complete an accurate intake form.
- Health risk and bio-psychosocial assessments.
- Legible progress notes of all interactions.
- Complete client service plan with the signature of client and DTA.
- Consent forms, including release of information forms.
- Attendance sheets of all services in which the client participated.
- Thirty to ninety (30-90) days follow-up should be conducted when feasible.
- Each program needs a discharge policy that could include:
  - 1. A definition of what is an active and inactive client, as defined by the agency.
  - 2. A definition of the elements that may constitute termination such as:□ Death□ Relocation

□AMA (Against Medical Advice)
□ Medical Care
□ Incarceration
□ Client is inactive for 90 days or more.

- All client data required by the State of Connecticut, Department of Public Health, data system should be entered on a timely basis.
- All quarterly reports required by the State of Connecticut, Department of Public Health should be completed by dates defined in the contract award.

# **DPH Training Requirements**

Because of changing and emerging issues in substance use and related disorders, all staff in Drug Treatment Advocacy programs should receive annual training as required by DPH. Training should cover new methods of treatment, new drug use, characteristics and side effects of emerging drugs, psych-pharmaceutical issues, changes in modes of substance use, new methods in outreach, recruitment, and follow-up, new administrative methods in client tracking and reporting, and other emerging research on illicit substance use.

Annual trainings are available through DPH. DTA's may also choose to attend other training opportunities offered in the community or in-service programs offered through their agencies.

#### **Supervision Standards**

As indicated earlier, the process of drug treatment advocacy requires the use of multifaceted methods of outreach, engagement, and case management. Largely, the primary responsibility of Drug Treatment Advocacy is to engage clients into substance abuse treatment programs that will increase their capacity to reduce their exposure to HIV/AIDS. HIV/AIDS has proven to be one of the most deleterious effects of substance abuse, particularly intravenous injection drug use.

As previously discussed in this document, meeting clients where they are, using a number of methods to engage clients, and motivating them into drug treatment, and working with community partners to ensure that all barriers to substance abuse treatment are reduced are important strategies in carrying out drug treatment advocacy. This may require approaches that include flexible hours, unusually and potentially unsafe work environments, and knowledge of a wide array of effective approaches to help clients enter drug treatment.

Nonetheless, maintaining close follow-up of client progress is critical to the long-term success of the program. Therefore supervision standards should address the following standards:

- All newly hired DTAs must be oriented to the use of these guidelines and to agency protocol based on these guidelines.
- DTAs must participate in regular Case Review meetings and report on the progress of clients.
- DTAs should be reviewed for job performance at least once per year to determine performance.
- DTAs must adhere to all policies and regulations of the agency and State of Connecticut, Department of Public Health.